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APPLICANTS

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** CONTINUING DATA *****
 This application is a CIP of 10/661,027 09/11/2003 *a.2.*

** FOREIGN APPLICATIONS *****
none a.2.

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>allowance</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 8
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ADDRESS

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TITLE

Kinematic ion implanter electrode mounting

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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